

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/13/2011	
NAME OF PROVIDER OR SUPPLIER CONTINUING CARE CENTER OF LAPORTE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation System (FSES) Survey and a Post Survey Review (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/03/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/13/11</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this FSES survey survey, Continuing Care Center of LaPorte Hospital was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC).</p> <p>The Continuing Care Center of LaPorte Hospital is located on the fifth floor and one wing of the sixth floor of a seven story building determined to be of Type II (111) construction separated from the existing hospital by a 2 hour fire wall and is fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 spaces open to the corridors. The facility has a capacity of 55 and had a census of 43 at the time of this survey.	{K 000}			
{K 012} SS=F	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/20/11. NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a building, four or more stories in height, to be Type II (222), Type I (332) or Type I (443). This deficient practice could affect all residents, staff and visitors. Findings include: Based on observation and interview with the maintenance supervisor on 09/13/11 between 11:00 a.m. and 12:30 p.m., the building was determined to be of Type II (111) construction and seven stories tall with a basement. The concrete floor slab in the North Tower is only 2 1/2" thick. This results in a construction type classification of II (111). 3.1-19(b)	{K 012}		9/15/11	
{K 038} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	{K 038}		9/15/11	

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{K 038}	<p>Continued From page 2</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed ensure 2 of 2 vertical exit egress towers provided a means of egress which discharge to the exterior or the public way in accordance with requirements of NFPA 101, 2000 edition, 7.7. 7.7.1 requires exits to discharge directly to a public way or exterior exit discharge. 7.7.2 allows no more than 50 percent of the exits or egress capacity to discharge into areas on the level of exit discharge. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation and record review made on 09/13/11 between 11:00 a.m. and 12:30 p.m. with the facility maintenance supervisor, exit stairs 3 and 4 in the North Tower and exit stairs 5 in the South Tower do not discharge to the exterior or through an approved exit passageway to the public way at the first floor level.</p> <p>3.1-19(b)</p>			{K 038}			